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REVIEW OF FURTHER DEVELOPMENTS IN FIELDS WITH WHICH THE SUB-COMMISSION HAS BEEN CONCERNED

Report of the second United Nations Regional Seminar on Traditional Practices Affecting the Health of Women and Children

(Colombo, 4-8 July 1994)

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INTRODUCTION

A. Organization of the seminar

1. The second United Nations Regional Seminar on Traditional Practices Affecting the Health of Women and Children was held at Colombo from 4 to 8 July 1994. The seminar was organized by the United Nations Centre for Human Rights in cooperation with the Government of Sri Lanka under the United Nations programme of advisory services in the field of human rights, pursuant to Sub-Commission on Prevention of Discrimination and Protection of Minorities resolutions 1989/16 and 1991/23, endorsed by the Commission on Human Rights in its decisions 1990/109 and 1992/109 and by the Economic and Social Council in its decision 1992/251. These resolutions, inter alia, provided for the holding of a regional seminar in Asia.

2. The aim of the seminar was to assess the human rights implications of certain traditional practices affecting the health of women and children such as early marriage and dowry, the preference for the male child and its implications for the girl child, delivery practices and violence against women. It was also designed to gather information from participants on the measures taken at the governmental and non-governmental levels to end those practices.

B. Participants

3. The following experts prepared working papers for the participants and gave oral introductions to the various agenda items: Professor Usha Nayar, Head, Department of Women's Studies, National Council of Educational Research and Training of India; Mrs. Berhane Ras-Work, President, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa; Mrs. Halima Embarek Warzazi, member, Sub-Commission on Prevention of Discrimination and Protection of Minorities and its Special Rapporteur on traditional practices.

4. In addition to the experts, representatives of various Asian Governments, United Nations bodies, the specialized agencies and non-governmental organizations were invited to participate in the work of the seminar.

5. The following Governments were represented: Bangladesh, China, India, Indonesia, Iran (Islamic Republic of), Iraq, Japan, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand.

6. The following United Nations bodies and specialized agencies were represented: Department of Public Information, United Nations Development Programme, United Nations Children's Fund, United Nations International Research and Training Institute for the Advancement of Women, United Nations Population Fund.

7. The following non-governmental organizations in consultative status with the Economic and Social Council or one of the specialized agencies were also represented: International Alliance of Women, International Federation of Red Cross and Red Crescent Societies, Soroptimist International, All Pakistan Women's Association, Defence for Children International, International

Abolitionist Federation, International Commission of Jurists, Law Association for Asia and the Pacific, Medical Women's International Association, Women's International League for Peace and Freedom, Commission of the Churches on International Affairs of the World Council of Churches, World Federation of Methodist Women, Asian Cultural Forum on Development, International Council of Nurses and Third World Movement against the Exploitation of Women.

C. Opening of the seminar and election of officers

8. The Hon. Mrs. Renuka Herath Ranaweera, Minister of Health and Women's Affairs of Sri Lanka, opened the seminar. Her statement is attached as annex II to this report. On behalf of the Government of Sri Lanka, the following also spoke: Mrs. Lalitha Dissanayake, State Secretary for Women's Affairs, Mr. Vandergert, State Secretary for Foreign Affairs.

9. Mr. Robert England, Resident Representative of the United Nations Development Programme, made a statement.

10. The representative of the High Commissioner for Human Rights and the Assistant Secretary-General for Human Rights made an introductory statement on their behalf. The text of the statement, as delivered in English, is reproduced in Addendum 2 to the present report.

11. The participants elected Mrs. Manori Muttettuwegama (Sri Lanka) Chairperson of the seminar by acclamation. A staff member of the Centre for Human Rights served as Secretary of the seminar.

D. Adoption of the agenda and organization of work

12. At its 1st meeting, on 4 July 1994, the seminar adopted the following agenda:

1. Son preference and its implications on the status of the girl child:

(a) Physical growth and development, including nutritional status;

(b) Educational opportunities;

(c) Health care;

(d) Recreation.

2. Marriage and related traditional practices:

(a) Early marriage and early pregnancy and the health consequences;

(b) Dowry and its socio-economic consequences on young women;

(c) Child delivery and traditional practices;

(d) Status of divorced women.

3. Violence against women, including mutilation and bride burning.

4. Other matters, including a draft plan of action.

13. At its 2nd meeting, on 5 July 1994, the seminar decided to establish a drafting committee limited to representatives of States and experts to prepare the draft plan of action. Mrs. Halima Embarek Warzazi was appointed Rapporteur of the Drafting Committee.

E. Documentation

14. At the request of the United Nations Secretariat, the following background papers were prepared for the seminar:

HR/SRI LANKA/1994/SEM.1/BP.1	Violence against women as a traditional practice by Mrs. Berhane Ras-Work.
HR/SRI LANKA/1994/SEM.1/BP.2	Traditional practices affecting the health of women and children in Asia and the Pacific by Prof. Usha Nayar.

I. SON PREFERENCE AND ITS IMPLICATIONS ON THE STATUS OF THE GIRL CHILD

15. This item was considered at the 1st and 2nd meetings of the seminar, held on 4 and 5 July 1994. The topic was introduced by Prof. Nayar on the basis of her background paper (HR/SRI LANKA/1994/SEM.1/BP.2). Her presentation dealt with the historical, cultural, economic, religious and social dimensions of the practice of son preference and, in particular, the inferior status accorded by society to girls and women. Emphasizing the close interrelationship between many of the issues dealt with under the various agenda items, Prof. Nayar elaborated on the negative consequences of this practice for the economic, social, cultural and political life of the girl which were reflected in all stages of her life.

16. Because of the interrelated and multifaceted nature of the issues under consideration by the seminar, the presentation of each item and the general debate which followed did not always adhere strictly to the respective agenda items. For this reason, the main points of the presentation by Prof. Nayar, as well as the comments made during the general debate that followed which were of direct relevance to agenda item 1, are summarized in this chapter in a synthesized form. Account has also been taken in this chapter of the relevant parts of the presentation by Mrs. Berhane Ras-Work under item 3 of the agenda. Mrs. Ras-Work emphasized in her presentation that son preference, which had negative effects on the girl child, constituted violence against women.

A. Historical, cultural, social and economic factors which perpetuate the practice

17. Son preference was a transcultural phenomenon, more marked in Asian societies and historically rooted in the patriarchal system. In certain countries in the Asian region, the phenomenon was less prevalent than in others. Son preference was stronger in countries where patriarchy and

patriliny were more firmly rooted. Tribal societies, which were matrilineal societies, tended to be more gender egalitarian until the advent of settled agriculture. The practice was not based on religion. Islam, for instance, recognized equal education of women, their right to inherit and own property and to divorce. Followers were instructed to read, to share and to abstain from greed and the accumulation of wealth. Buddhism promoted egalitarian societies, reflected in certain countries of the region in strongly distributive and non-discriminatory social policies of free food, free education, free health and subsidized transport.

18. The practice was rooted in culture and the economics of son preference, these factors playing a major role in the low valuation and neglect of female children. The practice of son preference emerged with the shift from subsistence agriculture, which was primarily controlled by women, to settled agriculture, which was primarily controlled by men. In the patrilineal landowning communities with settled agriculture which were prevalent in the Asian region, the economic obligations of sons towards the parents were greater. The son was considered to be the family pillar, who ensured continuity and protection of the family property. They provided the work force and had to bring in a bride - "an extra pair of hands". As such, sons were the source of family income, and had to provide for the parents in their old age. They were also the interpreters of religious teachings and the performers of rituals, especially at the death of parents, which included feeding a large number of people, sometimes several villages. As soldiers, sons protected the community and held political power.

19. In these societies, women had a subordinate and vulnerable status. Female sexuality was controlled in order to ensure purity of lineage. Discriminatory laws against women were introduced on intestate succession and restricting the right of married women to alienate their own property without their husband's written consent. The girl was valued only as an object for marriage or exchange, and as the mother of sons. The only guarantee for the survival of the girl in the community was the protection of a man: father, brother and husband. Parents conserved their income to pay for a dowry to ensure the marriage of the daughters. Early marriage, even child marriage, was practised so as to ensure that the girl was a virgin and because it would become more and more expensive to find a groom as the girl grew older. However, in matrilineal societies, where women inherited or otherwise acquired or retained property and had access to economic assets, they had relatively more control over their sexuality and greater freedom of movement.

20. Despite the lack of accurate data on the girl child, the prevalence of son preference across social groups and regions, and reflected in the economic, social and political status of women, was acknowledged. Even in countries where there was no strong son preference, women continued to be socially and economically undervalued and remained subordinate to men. Very few cultures actively preferred daughters. The preference for one sex had led to conscious or unconscious neglect of the daughters resulting in their low and, often, negative self-esteem and loss of dignity. In fact, son preference and the low status accorded to girls and women were two sides of the same coin. Child-rearing and socialization practices differed for these two sets of children in Asian cultures. Social upbringing encouraged independence in boys and dependency in girls. From childhood through adulthood, the girl was

taught to be subservient and obedient toward her father, husband and her eldest son.

21. The intensity of son preference and its impact was usually related to poverty and varied with the level of education of parents, urbanization and the level of the family income. In general, son preference was reflected in discriminatory treatment towards girls in family nutrition, health care patterns, education, age of marriage, recreation and economic options, with serious implications for the health of girls and women.

22. Son preference, or discrimination against the girl child, was a conditioned response in situations of scarcity where limited resources had to be invested optimally. In one country, for instance, it was found that when measles immunization was provided free of cost the proportion of boys and girls being immunized was almost equal. When a small fee was charged, the proportion of girls fell to about 25 per cent. This was also true for education. Families with higher incomes would send both boys and girls to school. Those who were poor would choose to send the boy rather than the girl to school.

23. Gender discrimination and its negative effects had generally declined in countries where Governments had provided free education and free health services to both men and women. Son preference had also declined in countries in the region where women had been provided with access to the means of production, more stable employment, and where there had been an increase in the coverage of the social security system which had replaced economic dependency of aged parents on their sons. As a result, there had been an improvement in the status of women and a relative decline in the status of men. In general, it was found that in the region, the advancement of the status of women and the welfare of the child in the family and in society were symbiotically linked with socio-economic development of the nation.

24. A few participants drew attention to external factors, such as economic blockades and structural adjustment programmes that, by creating conditions of scarcity and increasing prices, particularly of essential goods, had contributed to reinforcing gender discrimination and neglect of the girl child.

25. Son preference in the Asian region manifested itself either covertly or overtly. The birth of a son was welcomed with celebration as an asset, whereas that of a girl was seen as a liability, an impending economic drain. According to an Asian proverb, "bringing up girls is like watering the neighbour's garden".

B. Physical growth and development, including nutritional status, and health care

26. The status of health, nutrition and education of girls and women, particularly in South Asia, was among the lowest in the world. Females suffered greater loss of life than males from birth to the age of 34 years, with the trend reversing after that. The age-specific death rates for rural areas were twice as high as those for children under four years in urban areas.

27. In some communities in the region, efforts to differentiate a female child from a male child through various socio-economic norms and practices started already at the foetal state and continued throughout the entire life cycle. In these communities, amniocentesis tests and sonography for sex determination were followed by abortion of female foetuses. The introduction and expansion of scientific methods of sex detection had resulted in the revival of female foeticide and infanticide.

28. Discriminatory feeding started as soon as the girl was born. The period of lactation for female infants was kept shorter in order to hasten the next conception in the hope of getting a boy. Boys were breast-fed longer. In families where food was scarce, the most nutritious food was preserved for boys and men. Often, boys were given milk, eggs, cereals and meat for they were the future breadwinners. Moreover, it was feared that a high caloric diet would make girls reach puberty faster and would hasten the need to arrange for dowries. Sex differentials in food practices had led to a higher incidence and higher degree of malnourishment and mortality among female children.

29. In large parts of Asia, fewer girls than boys received timely or adequate medical care during sickness. When girls were treated, they were taken to traditional healers whereas boys were likely to be taken to more qualified physicians. Expenditure on treatment for girls was often less than half that for boys, even though malnutrition was more common among girls. Between the end of the first month and the end of the first year of life, when parental care is critical for a child's survival, the death rate of females was higher than for males.

30. Discrimination against the girl child in health care was continued into adulthood. While families would use their resources to provide modern medical treatment for men, women were treated by traditional healers, religious practitioners, faith healers and quacks. However, it must be recognized that many third world countries had a rich culture of traditional medicine. It was necessary to differentiate between the indigenous herbal medicine system which could provide effective remedy and folk healing which, in most cases, had harmful consequences.

C. Educational opportunities

31. Families with meagre sources of income gave priority to the education of sons. Gender disparities in educational participation and attainments were visible in some of the most populous Asian countries. In certain parts of Asia, the male-female gap in school enrolment and attendance was large. As a result, women from these countries formed two thirds of the illiterate population in the Asian region. In the region as a whole, girls accounted for the bulk of the out-of-school children and rural girls had little chance of graduating beyond primary level for want of schools close to their homes. Rural women had illiteracy rates of 43 per cent, which is double that for urban women (22 per cent). In the majority of the Asian countries, only a very small proportion of girls attended higher educational institutions. Enrolment in secondary and technical schools was very much male dominated. This was largely due to the perception that males are superior and boys will become the family breadwinners.

32. Although in many countries the drop-out rates were steadily falling, they continued to be higher among girls than boys. The reasons for the high drop-out rate among girls were poverty, early marriage, helping parents with housework and agricultural work, distance of schools from homes, high costs of schooling, parents' illiteracy and indifference and the lack of a positive educational climate. Girls joined school very late and were withdrawn with the onset of puberty. Parents did not see the benefits of girls' education because girls were given away in marriage to serve the husband's family. Sons were given priority. In certain countries, enrolment rates for girls had actually declined despite attempts to increase them.

33. Unless poor households were brought above the poverty line, it would be difficult to achieve universal retention of girls in schools. Schemes for raising the family income would lead to improved school enrolments and retention as well as to fertility moderation. Special education, incentives and universal provision of child care and pre-school education and suitable employment programmes for adult women in rural areas were necessary to get rural girls to school.

34. Male-female differentials in literacy rates and school enrolment were the smallest in countries where far-reaching reforms had been carried out, including compulsory education, the end of polygamy and unilateral divorce and the introduction of equal rights to property. This was also true for those parts of Asia which had a matrilineal past and where daughters, not sons, were expected to look after their parents in old age.

35. Access to education by itself was not enough to eliminate the practice of son preference. Often, even in countries where educational opportunities had been extended to girls and women, these had contributed to reinforcing traditional female roles, denying their full partnership in society. Gender stereotypes were reflected in the school curricula, textbooks and other teaching material. In one country where a gender-sensitive review and revision of textbooks had been carried out, it was found that men were mostly depicted in active and assertive leadership roles whereas women were depicted in passive roles, performing domestic work. In secondary schools, boys took industrial skills courses while girls took home economics. In career guidance, girls were advised to pursue secretarial and nursing jobs, reflecting traditional gender stereotyping of occupations.

D. Recreation and work

36. From an early age, girls in poor families were expected to work and form part of the invisible workforce. Girls spent longer hours working than boys. The bulk of them were engaged in sibling care, cooking, cleaning, fetching water, fodder and fuel and animal care besides assisting the families in sowing, transplanting, weeding, harvesting and carrying goods. Boys were generally exempt from this type of work. The workload that girls assumed did not allow extra time for recreation essential for healthy growth and development. As they reached school age, their work at home might be valued more than their time in school.

37. The status of the girl child was inextricably linked to that of women and their exploitation. A woman's work never ends, especially in rural agrarian

societies and poverty households. In order to earn the extra income vital to meet the family's needs, an increasing number of children were engaged in economic activities. Even in countries where child labour was forbidden by legislation, the incidence of child labour among rural and urban poor was extremely high. In addition to domestic chores, the girl child was often involved in family-based production and very often did the piece wage work for which adult women were paid. Under-reporting was very significant in the case of the rural girl child workers.

38. As girls grew older, they faced discriminatory treatment in their access to economic opportunities. Major inequalities persisted in employment, access to credit, inheritance rights, marriage laws and other socio-economic dispensations. Compared with men, women had fewer opportunities for remunerative wage employment and less access to skill training which makes such employment possible. Women were usually restricted to low paid and casual jobs, were employed for fewer hours, days or weeks so that the quantum of work was considerably less than that available to men, and were denied access to better paid positions which were reserved exclusively for men.

39. The woman's health was dependent on her economic status, and in what she received in return for her substantial yet unrecognized contribution to the economy. Higher female mortality rates in certain parts of Asia were indicative of the discrimination and deteriorating living conditions of women. Nutritional standards had been declining since the introduction of cash crops and the mechanization of agricultural tasks traditionally performed by women. The usurpation of agricultural and pasture lands for commercial crops had denied the right of women to grow essential food crops, cereals, vegetables and grains. With technological growth and application, women were displaced from work as the education and training required for modern agriculture were directed to men alone.

40. Landlessness had increased more among women and the number of women cultivators had declined. An increasing number of women in many countries were to be found in the unorganized informal sector where national social and labour legislation on maternity benefits, equal wages and crèche facilities did not apply. In one populous country in the Asian region, 94 per cent of women worked in the unorganized informal sector. Unlike men, women were engaged in non-remunerated work. The goods and services they provided included water, fodder, fuel, child care, care of the sick, care of livestock, unpaid labour on household land or home-based production. It had been estimated that domestic work, if priced, would equal one third of GNP, especially of third world economies which had a substantive non-monetized subsistence sector. The failure of national statistics to recognize the important contribution made by women to economic and social life had perpetuated the inferior status of women. Their general economic insecurity had, in turn, perpetuated their dependence on fathers, husbands and sons.

41. The odds were greater against rural women and girls because they suffered from general and technological illiteracy. As a result, the female labour force participation rates were higher among illiterate women in both rural and urban areas. Participation in the modern sector, especially at the middle and upper levels, was determined by access to general education in the first place. The low-skilled blue-collar female worker was now the prime target for

exploitation in free trade zones by transnational corporations and in home-based piece wage ancillary production with the profits going to the middleman, the wholesalers, traders and exporters, who were usually males.

42. Only a few women had access to decision-making positions and institutional control in the world as a whole. Only 3.8 per cent of the heads of State of the 159 States Members of the United Nations in 1990 were women. Only 3.5 per cent of world's cabinet ministers were women; they were usually given responsibilities for areas such as education, culture, social welfare and women's affairs that were seen as natural extensions of their familial nurturing, assisting role. Even in agrarian economies, where more than 80 per cent of the women lived in rural areas and were engaged in agriculture, women were not given responsibility for departments dealing with agriculture or rural development. Industry, science and technology, energy, space, foreign or home affairs and defence, transport and aviation were male preserves. This had its backward linkages with the total absence of women in these fields. Even in higher and secondary education, women in Asia continued to abound in general arts and science courses and formed a minuscule portion of engineering and technology students.

43. Economic empowerment of women was fundamental for the improvement of the status of both women and girls and thereby to eliminate traditional practices. If working girls are to be drawn to school, they must find in education the promise of a better future both as an individual and as a worker, more specifically a wage earner. This would require consciously and carefully planned skill development programmes and inculcation of self-worth through the curriculum.

44. Equal participation of women in decision-making and policy formulation should be guaranteed. Achieving the social goals corresponding to the rights of women would require that girls and women are themselves involved as key actors in changing their situation, with the support of the family, the community, the State and international systems. It was found that in countries of the region where the status of women had improved, women themselves had played an important catalytic role in changing attitudes such as preference for the male child, traditional marriage practices such as forced marriages and the stigma associated with being divorced. Community processes and participatory structures were necessary to transform social goals into human rights.

45. The recommendations adopted under agenda item 1 are incorporated in the Plan of Action contained in the addendum to this document.

II. MARRIAGE AND RELATED TRADITIONAL PRACTICES

46. At its 2nd and 3rd meetings, on 5 July 1994, the seminar considered agenda item 2. The item was introduced by Prof. Nayar. The main points of her presentation and the general debate that followed are summarized below in a synthesized form. Account has also been taken of the relevant parts of the presentation made by Mrs. Ras-Work under item 3 of the agenda. Mrs. Ras-Work emphasized in her presentation that childhood marriage and related practices constituted violence against women.

A. Early marriage and early pregnancy and the health consequences

47. In the Asian region, both marriage and motherhood, preferably of sons, are mandatory. In general, women in the region married at a young age. Forty per cent of Asian women were married by the age of 18, a number of them even before reaching puberty. Men tended to marry at an older age. Parents preferred to marry their daughters at an early age in order to ensure that girls were virgins and to ensure that property devolved to the son. Controlling the sexuality of females was at the centre of early marriage. Virginity tests and virginity control were harmful practices that negatively affected the health and status of women and girl children. Giving a daughter away for marriage also reduced the family's expenses because it meant that there was one mouth less to feed.

48. In one country, it had been legally clarified that when a girl was below 15 years of age, the agreement of her family and particularly her father was essential. In another country, in the case of marriage of a girl below the legal minimum age, prior examination by a legally recognized medical practitioner was required to ascertain whether the girl was able to marry and become pregnant without harm to her health and physical well-being.

49. Early marriage ensured a long cycle of fertility when she could produce a sufficient number of sons to till the soil in agricultural societies, to fight the enemy, to provide for parents in old age and to carry on the family name. Fertility was a very important aspect of women's lives. In one country in the region, 40 per cent of the women had their first child between the ages of 15 and 19 years. In general, women had no right to fertility regulation.

50. Early maternity lessened the life expectancy of girls and adversely affected their health, nutrition, education and employment opportunities and lowered their economic participation rate, which in turn reduced their worth to families as income earners. Maternal and child mortality rates were extremely high in the region. The South Asian countries had the highest maternal mortality rates, 650 maternal deaths per 100,000 births, and the largest number of births without trained attendants. Poverty coupled with social and cultural prejudices, beliefs and practices, lack of education and non-access to essential health-care facilities contributed to women's poor health and had placed them at high risk of complications at pregnancy and childbirth. Insufficient spending on education and health continued to be a major problem.

51. Other factors which contributed to high maternal and child mortality rates were very young mothers and unspaced, unwanted and recurrent pregnancies often in search of a son. Since very young mothers had not had the time to finish their own physical growth, there was competition for nutrition between the foetus and the young mother, leading to nutritional deficiency for mother and baby. The most serious complication for young mothers was obstructed labour which occurred when the baby's head was too big for the orifice of the young mother. Obstructed labour provoked vesico-vaginal fistulas leading to incontinence with ensuing social rejection.

52. Malnutrition was common among poor, expectant and lactating mothers. Often, the average food intake of pregnant and lactating mothers was far below

the average intake of the adult male. As a cultural norm, women ate the residual food and did not consider it necessary to take nutritious food during pregnancy or sickness. Due to inadequate food and nutrition, a large proportion of women of reproductive age suffered from iron and protein deficiency. Malnutrition, including anaemia, among women, especially those who had too many and too closely spaced pregnancies, rendered them vulnerable to disease affecting adversely the reproductive process. It also affected the woman's ability to breast-feed without detriment to her own health. Nutritional anaemia was widespread among poorer women of child-bearing age and contributed to the persistence of high maternal and infant mortality rates.

53. Marriage and procreation were affected by religious, social and economic factors. Unequal access to education and training, for instance, had critical consequences for the productive and reproductive roles of women and girls. Female literacy appeared to push up the female mean age at marriage, brought about a decline in infant mortality rates and depressed fertility. Fertility rates declined remarkably with completed middle school education. Completed upper primary education also increased the chances of receiving vocational and technical education. In certain countries of the region, higher education and the economic independence of women had resulted in women delaying marriage and having fewer children. It was shown that the proportion of married women between 15 and 19 years was very small in high female literacy societies and virtually disappeared with universal female literacy.

54. In general, continuing education and equal employment opportunities provided alternatives to marriage and eliminated the possibility of early marriage, reducing also infant mortality and fertility rates. Education also gave women greater control over their lives and enabled them to choose if, when and how many children they would have. Acknowledgement of their sexuality was increasingly urgent if women were to protect themselves in the context of the growing problem of AIDS.

B. Dowry and its socio-economic consequences on young women

55. The status of women was so low that this had to be compensated in certain societies, particularly in South Asia, with the payment of a dowry. In addition, the marriage ceremony and expenses had to be borne by the girl's parents. Failure to provide the right amount of dowry marked the beginning of family violence for the woman. She was verbally abused, mentally and physically tortured, starved and, in certain communities, even burnt alive by the husband and/or his family members. Reported dowry crimes, rape and domestic violence were on the rise in certain countries.

56. Dowry was a socially legitimized payment. The practice was condemned only when brides were tortured or burned if dowry payments were not met by their families and the legal machinery was obliged to intervene. In certain countries in the region, girls with permanent employment were being accepted for marriage without dowry.

C. Childbirth and traditional practices

57. In many countries, the birth of children usually took place at home under the supervision of elderly relatives and assisted by untrained traditional

birth attendants. Hospital beds and maternity facilities were far too scarce and often not accessible at all to rural women. As a result, poor and illiterate women, particularly in the rural areas, faced a risk of death due to pregnancy that was 80 to 600 times higher than women in the industrialized regions. In addition, the lack of other social amenities like water supply and transport and road networks made women in rural areas the most vulnerable.

58. Illegal abortions, particularly of female foetuses, either self-inflicted or performed by unskilled birth attendants under unsanitary conditions, was another cause of maternal mortality, particularly in South Asia and in South-East Asia.

59. There were, however, certain traditional practices that were beneficial to the mother and child as opposed to "modern" practices. Breast-feeding and "rooming in" were examples. In one country in the region where there had been a shift in the place of childbirth from the home to hospital, questions were beginning to be raised by women about the benefits of childbirth at home. It had been found that the shift to hospitals had not been the major cause for the decrease in the maternal mortality and infant mortality rates. The shift had, however, resulted in reduced autonomy for women.

60. In the light of these experiences, it was necessary to examine "traditional" experiences before replacing them with "modern" practices. Not all traditional practices were harmful to women and girls. The elimination of practices harmful to women should not only be confined to traditional practices, but should be extended to include harmful practices of modern origin as well. The rehabilitation of traditional medicine might be essential to complement modern medicine.

D. Status of divorced women

61. In certain groups, a barren woman or one who had not borne sons could be divorced under religious sanctions. Widowed and divorced women were socially stigmatized for the rest of their lives. Widow remarriages did not take place unless there were economic reasons, for instance, to keep the widow's share of land and property within the family control. In many Asian societies, women had no right to share the family property in case of divorce. Without economic support from the husband or social security, widowed and divorced women were often forced to fall back on their brothers or male relatives for economic and social support. Often, however, poor families found their daughters or sisters an added economic burden. Those with small children often had to beg or accept unstable, badly paid and even hazardous work in order to support themselves and their children. Many young divorced mothers from rural areas had no other livelihood except to migrate to the urban centres for prostitution or to be employed as domestic servants.

62. The status of divorced women was better in countries where there was wide coverage of the social security system. In certain countries where Islamic law prevailed, maintenance of the children, even after divorce, was the duty of the father. Moreover, a divorced woman had the right to remain in the house of the husband for a prescribed number of years. This applied particularly in the case of arbitrary divorce.

63. The recommendations adopted under agenda item 2 are incorporated in the Plan of Action contained in the addendum to this document.

III. VIOLENCE AGAINST WOMEN

64. This item was considered at the 4th and 5th meetings of the seminar, held on 6 and 7 July 1994. It was introduced by Mrs. Ras-Work on the basis of her background paper (HR/SRI LANKA/1994/SEM.1/BP.1). Mrs. Ras-Work's presentation covered all agenda items. She emphasized that traditional practices such as son preference, early childhood marriage and related practices, mutilation and bride burning constituted manifestations of violence against women and as such were violations of their basic human rights.

65. Because of the interrelated and multifaceted nature of all the issues under consideration by the seminar, neither the presentations nor the general debate adhered strictly to the agenda of the seminar. For this reason, the main points of the presentation made by Mrs. Ras-Work as well as in the general debate, which were of direct relevance to the item under consideration are summarized below in a synthesized form. Account has also been taken of the relevant parts of the presentation made by Prof. Nayar under agenda items 1 and 2.

66. Violence against women was a universal phenomenon, but its manifestations differed from region to region. Manifestations of violence against women included son preference, early childhood marriage and early pregnancy, female foeticide and infanticide, female genital mutilation, bride burning, dowry-related violence, rape, incest, wife battering, trafficking, prostitution and abuse of female migrant workers. Female genital mutilation was not widely practised in the Asian region.

67. Violence against women was a manifestation of historically unequal power relationships between men and women, which had led to domination over and discrimination by men against women and to prevention of their full advancement. It was due primarily to the inferior social and economic status accorded to women and reflected in inequalities and discriminatory practices in all aspects and all stages of their lives.

68. Through the socialization process the girl child was made to accept her subordinate status and even violence. The image of women projected in the media had reinforced the image of women in a subordinate role and encouraged violent attitudes. Violence against women was one of the crucial social mechanisms by which women were forced into a subordinate position to men. It was essentially a violation of the human rights of women.

69. Marriage had rendered women even more vulnerable to violence, in this instance from their own husbands. Since wives were often considered to be the husband's property, husbands assumed that the subordinate status of their wives carried with it the implicit right to abuse them. Domestic violence was a regular feature of marriage but was considered to be a private affair. In a number of countries, violence against women was on the rise, despite a large number of laws covering domestic violence, rape, asking or killing for dowry, molestation, kidnapping and abduction. Violence against women was generally

under-reported for fear of public shame. There was also an increase in violence against women, in particular that related to migration and communal, ethnic and other conflicts in the region.

70. Even where legislation existed prohibiting violence against women, implementation was a problem. Often illegal acts and crimes against women did not even get a public hearing because of male domination of the law enforcement machinery, police and law courts. In a few countries in Asia, women judges and police were being appointed to handle cases of violence against women, particularly rape. Certain countries were also focusing on strategies to prevent such offences through, for instance, protection, counselling and education to make the public aware of the effects of such violence on the well-being of the family and the repercussions on children. In the countries where there was a greater awareness among women of their rights, there were indications of willingness to take action against perpetrators.

71. The net result of all forms of violence against women was a constant decline in the sex ratio for women (number of women per 100 males). The problem was so serious in several countries in Asia that it outweighed women's natural biological tendency to live longer than men. In Asia there were less than 95 women for every 100 men. In South Asia were the only four countries in the world where life expectancy for women was lower than that for men. Some studies estimated that up to 100 million women were "missing" as a result of preventable early deaths and female infanticide. Eighteen countries of Asia and the Pacific region accounted for the gender imbalance of the world population.

72. A combination of interrelated cultural, social and economic factors were, therefore, responsible for higher female mortality. These included the sequential effects of poverty such as poor diet, under-nutrition, ill health, growth retardation, slow learning, small body size, low productivity, low earning capacity and unemployment; inadequate and poor quality of health services and nutritional support from birth through adolescence to youth; greater neglect of females especially in the early years; poor housing and sanitary conditions; lack of education and illiteracy; hard physical labour by women in lower income groups; early marriage; unsafe teenage motherhood; lack of medical attendance at childbirth or unskilled birth attendants; female foeticide and infanticide in certain communities; recurrent pregnancies often in search of a son; lack of opportunities for women to make informed choices; discriminatory socio-cultural values and attitudes; socialization of the girl child to accept subordination and even violence; and extremely low valuation of female lives.

73. The recommendations adopted under agenda item 3 are incorporated in the Plan of Action contained in the addendum to this document.

IV. MEASURES SO FAR UNDERTAKEN BOTH AT GOVERNMENTAL AND NON-GOVERNMENTAL LEVELS TO ERADICATE HARMFUL TRADITIONAL PRACTICES

74. During the course of the seminar, the representatives of the following countries reported on measures taken to eradicate son preference, marriage and related practices and violence against women.

A. Measures taken at Government level

75. In China, the following measures were taken:

(a) During the land reform movement, women were provided with access to their own land;

(b) After 1949, the Government launched an illiteracy eradication campaign and made great efforts to wipe out female illiteracy;

(c) In 1986, the Government promulgated the Compulsory Education Act which stipulated that children over six years of age must go to school for a certain number of years regardless of their gender and nationality;

(d) In 1992, the Act on the Protection of Women's Rights was promulgated which provided special guarantees that girls of school age would receive an education;

(e) In order to promote education for children in rural areas, and particularly to help girl drop-outs to return to school, the Government launched "Project Hope" and "Programme Spring Bud";

(f) Twenty-eight colleges specializing in training women cadres at various levels were established;

(g) In 1950, the Government published and implemented a marriage law eliminating "feudal" marriage;

(h) Prostitution has been banned;

(i) In order to address the revival of son preference caused by the one-child family planning policy, the Government has introduced measures which combine family planning with the promotion of productive activities and social security. These include:

(i) Families that have a girl child and wish to have another child are allowed to do so;

(ii) Loans, productive resources and technology are given as a reward to families with fewer children. In this way, families are encouraged to participate in economic activity rather than in reproduction;

(iii) A system of social security is provided so as to reduce the dependence of aged parents on sons.

76. In India, the following measures have been taken:

(a) Recognizing that female foeticide is an emerging problem in some parts of India, the Government has introduced a bill in Parliament to ban the use of amniocentesis for sex-determination purposes. The States of Maharashtra, Punjab, Rajasthan and Haryana, where the problem is more prevalent, have also legally prohibited the misuse of amniocentesis for sex-determination purposes.

(b) Since female foeticide results from the low value accorded to the girl child by society, the Government is currently implementing a holistic, multifaceted Plan for the Survival, Protection and Development of the Girl Child for the decade (1991-2000), as a part of a common commitment of the South Asian Association for Regional Cooperation (SAARC). The mass media is also being used to build a positive image of the girl child and to enhance her value in society;

(c) Following a recent survey on prostitution in India which showed that approximately 44 per cent of India's prostitutes originated from other countries in the region, the Government has increased the vigilance of its forces patrolling the borders with these countries;

(d) As a result of the 73rd constitutional amendment, a uniform, three-tier structure of rural self-government is being set up in India. One third of the members of these self-government institutions, called Panchayati Raj Institutions (PRI), must be women and one third of the committees set up in the PRIs must be chaired by women. This measure of political empowerment should also lead to the creation of 900,000 women grass-roots leaders in the rural areas;

(e) In order to make these women effective leaders and agents for change, the Government has formulated a training module to help build their leadership capacity; provide information about the status of women and the discrimination faced by them; provide information on the various development schemes and programmes they can access, as well as to monitor their implementation. A second training module has been developed with the aim of sensitizing male members of the PRI. These modules are being field tested in three States where elections to PRI have been held. Once finalized, they will be incorporated in the regular Panchayati Raj training programmes of local government training institutions.

77. The Government of the Islamic Republic of Iran has taken the following measures:

(a) The Government has increased the quality and quantity of the national machinery for the advancement of women with particular emphasis on decentralization, easy access and empowerment of rural women at local levels;

(b) In January 1994, the Government hosted a conference in Tehran with the participation of 15 States to explore possibilities for cooperation in the promotion of child survival, protection and development of children in the region;

(c) The Government has also promoted the participation of women in sports through the following activities:

(i) Hosting the First International Games for Ladies from Islamic countries in 1993;

(ii) Instituting women's sport management;

(iii) Appointing a woman as deputy head of the national Olympic Committee;

(iv) Holding the first congress for solidarity among women through games in Islamic countries;

(v) Promoting women's sport through the publication and dissemination of bulletins and posters on various sport activities for women, as well as arranging educational programmes on radio and workout classes;

(vi) Holding various seminars on the role of women in Islamic societies, Muslim women and cultural colonialism, women's rights in Islam, women and sport, women and the Islamic revolution, the place of women in the Islamic revolution, study of obstacles to women's participation in society;

(vii) Promoting an increase in the number of women movie producers and directors dealing with everyday issues.

(d) A number of provisions in the Iranian Civil Code guarantee the economic well-being and independence of the married woman. These include:

(i) The wife can independently do what she wishes with her own property;

(ii) Immediately after the marriage ceremony, the wife becomes the owner of the marriage portion and can dispose of it in any way and manner that she wishes;

(iii) The cost of maintenance of the wife is borne entirely by the husband. "The cost of maintenance includes dwelling, clothing, food, furniture in proportion to the situation of the wife, on a reasonable basis, and provision of a servant if the wife is accustomed to have servants or if she needs one because of illness or physical handicap";

(iv) The same is true in the case of a divorced wife during the period of Eddeh (prescribed waiting period for remarriage), or when she is pregnant by her husband, until her child is born;

(v) Maintenance of children is the duty of the father.

(e) According to recent legislation, divorce cannot take place simply on the basis of a request by the husband. It should be based on a decision of a competent court and through a legal procedure. The consent of the wife is required. Furthermore, the wife has the right to seek divorce through the same procedure. If the court finds that the husband is asking for a divorce without legitimate cause, he is required to pay for all his wife's work at home as determined by the court. In addition, in such a case, the court could rule for equal division of property registered in the husband's name;

(f) The Supreme Judicial Council has issued guidelines to protect the rights of wives against unfair treatment by their husbands. All marriage offices in the country have been instructed to attach a copy of these guidelines to marriage certificates. The guidelines specify a wife's rights when she is divorced unjustly and when she can exercise the right to divorce;

(g) Women who want to marry can from the very beginning establish certain rights for themselves. They can stipulate conditions financially or otherwise, to be registered in the marriage contract. For instance, they can stipulate that they could obtain a divorce if the husband is immoral or mistreats his wife;

(h) A divorced woman has the right to remain in the house of the husband until she finishes "Eddeh";

(i) The wife's right to divorce (Wakalah) can neither be revoked nor ceded to the husband in the following specific instances:

(i) Failure of the husband to spend on his wife or to perform his marital duties for a period of six months, and refusal to carry out his duties;

(ii) Improper behaviour of the husband towards his wife to a point where she cannot endure living with him;

(iii) The husband suffers from an incurable disease serious enough to prevent a normal marital life;

(iv) The husband's insanity;

(v) Refusal of the husband to comply with a court order to abstain from work which is detrimental to the position of his wife and family;

(vi) When the husband is sentenced to at least five years' imprisonment and/or is fined a sum that will prevent him from spending on his wife for five or more years. This will apply when the court order is to be executed without delay, but not in the event of a stay of execution;

(vii) The husband's addiction to any prohibited drugs that in the view of the court upsets the life of the family;

(viii) Abandonment by the husband of his family for a period of six consecutive months without an excuse acceptable to a court of law;

(ix) When a final order of imprisonment, fine or hadd is passed by a court of law against the husband for committing a crime which, in the view of the court, is detrimental to the position of his family or does not befit his wife;

(x) Sterility of the husband for a period exceeding six months.

78. The Government of Iraq has undertaken the following measures:

(a) The Constitution of Iraq and domestic legislation guarantees equality between men and women in education and employment. There is a Compulsory Education Law, a Comprehensive National Campaign for the Compulsory Eradication of Illiteracy and a Higher Education Law;

(b) Iraqi legislation gives special attention to health care for women and the family and protects the health of all citizens without distinction between men and women;

(c) In the context of price increases for food and medicine caused by the economic blockade against Iraq, the Government has introduced a ration card system and a medical card system to provide each family with its minimal needs of basic foodstuffs, including milk for infants below one year, and medicine;

(d) In order to compensate for the high costs of marriage resulting from the economic blockade against Iraq, the Government has introduced a system of financial support to cover these costs and to meet the requirements necessary for starting a new life;

(e) With regard to the status of divorced women, the Government has introduced legislation to guarantee the social rights of women in accordance with the canonical law of Islam. The Personal Law establishes the status of divorced women and her children and guarantees their rights. It provides the divorced woman with legal protection especially in the case of arbitrary divorce. For instance, it recognizes her right to stay with her children in the family house for a period of three years following the divorce. If the husband owns the house, she does not have to pay rent. If the house is rented, the rights and privileges attached to the house are attributed to the wife. Iraqi laws also recognises the right of the wife to raise her children after divorce.

79. The Government of Malaysia has taken the following measures:

(a) In 1976, the National Advisory Council on the Integration of Women in Development was established;

(b) In 1983, the Women's Affairs Secretariat was established;

(c) Since 1986, women liaison officers have been identified in all ministries;

(d) Various studies on women's issues have been conducted throughout the 1980s;

(e) A chapter on "Women in Development" was included in the Sixth Malaysian Plan (1991-1995);

(f) In 1991, the National Policy for Women was formulated.

80. The Government of Nepal has taken the following measures:

(a) In 1991, Nepal ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women;

(b) In keeping with its commitment to resolutions adopted by the 1986 SAARC conference on the child and the 1990 World Summit for Children, the Government formulated a National Child Development Action Plan and established targets to be met by the year 2000 on various aspects of child development;

(c) Provisions have been made in the 1990 Constitution to prevent the exploitation of children, to protect their rights and benefits and for the protection and advancement of the interests of women;

(d) In 1991, the Integrated Child Act was passed and published;

(e) The Eighth Plan (1992-1997) for child development was adopted by the Government and contains the following objectives:

(i) To extend the protected maternity programme for the care of children from the womb onwards to the village level. From the time of conception, periodic health check-ups, treatment and protective maternity services will be made available;

(ii) To reduce the fertility rate from 5.8 to 4.5;

(iii) To reduce the infant mortality rate from 102 to 80 per thousand;

(iv) To reduce the child mortality rate (under 5 years of age) from 165 to 130 per 1000;

(v) To launch immunization programmes and to control gastroenteritis and respiratory diseases; to enhance general awareness of child health through health education;

(vi) To improve the general and minimum status of nutrition through coordinated programmes between the food, health and education sectors;

(vii) To expand curative services for children through arrangements to provide more beds and specialist services in zonal and district hospitals;

(viii) To encourage the concept of the small family through programmes conducted by family planning services;

(ix) To establish, with the participation of the private sector, non-governmental institutions and local units, child care centres and pre-primary schools for children in the age group 0-5;

(x) To provide free primary education. Special measures are being taken to provide educational opportunities for those who have been deprived of primary education facilities and to reduce the number of drop-outs and failures;

(xi) To make available secondary education and vocational secondary education opportunities;

(xii) To adopt measures to encourage and help local agencies to fix targets relating to children and development when formulating local-level plans and programmes;

(xiii) To establish a high-level national child development council to coordinate and monitor the process of implementing the Eighth Plan;

(f) A National Action Plan for the development of women was prepared in accordance with the Declaration adopted by the Word conference of the International Women's Year in 1975. The following amendments to the 1963 Civil Code were implemented in 1975:

(i) An equal share of parental property should be given to the daughter (until the age of 35, if she is unmarried);

(ii) In case of divorce on certain grounds, the woman is entitled to receive five years' alimony or until she remarried and has the right to custody of her minor children with maintenance to be borne by the father;

(iii) The punishment for trafficking is 20 years' imprisonment if the sale has been transacted, and 10 years if the offender is caught before;

(iv) Forcing a person into prostitution is subject to imprisonment for 10 - 15 years;

(v) Purchasing or selling a person with a view to making him/her a slave is punishable by five to seven years' imprisonment;

(vi) Punishment for rape, if the victim is under 14 years, is six to ten years' imprisonment, and if the victim is older, three

to five years. In both cases, the victim receives half the property of the offender as compensation. If the victim kills the offender during the act or within an hour of the act, she is immune from punishment. If she kills him after an hour of the act, she will be punished with a fine not exceeding Rs 5,000 and imprisonment not exceeding ten years;

(vii) Abortion is regarded as infanticide and is banned;

(viii) The legal minimum age of marriage for the girl is set at 16 years with the consent of the guardian and 18 years without consent. For the boy, the minimum legal age is 18 years with consent and 21 without consent. The age difference between a bride and groom must not exceed 20 years. Forcible marriage is void;

(g) A series of measures has been adopted to increase the participation of women in development, to improve their social, economic, academic, political and legal status, to provide productive employment opportunities and to create the appropriate environment and infrastructure to enable women to play a decisive role from local to national levels. These include:

(i) Special programmes to increase the involvement of female students in primary, secondary and adult education by increasing the admission of female students and reducing drop-out rates, making compulsory the appointment of female teachers in primary schools and gradually in secondary schools, and by conducting adult education, informal education and job-oriented education programmes. General and technical education will be provided to female students who are unable to acquire higher education, a fixed quota will be set to encourage female students to join higher technical education and arrangements will be made to allocate a certain percentage of national and international scholarships for girl students and women;

(ii) Programmes to reduce maternal and infant mortality rates will be carried out. These programmes will be extended to the rural sector through maternal and child workers and female community health volunteers. Traditional birth attendants at the local level will be provided appropriate training. Emphasis will be given to the increased participation of women in the development of high-level technical personnel in the health sector;

(iii) Family planning information and services and the use of semi-permanent devices for birth spacing. Beds will be increased for maternity services in primary health centres and in district, zonal and regional hospitals;

(iv) Encouraging more women farmers to participate in agriculture development programmes. Support services such as credit, markets and other facilities necessary for agricultural

development will be targeted to women farmers and arrangements will be made to provide them with the necessary training and physical and financial means. Provision will be made to guarantee training and jobs in order to increase the level of women in the agricultural technical work-force;

(v) Involving a greater number of women in the field of forest and soil conservation. Training and dissemination programmes will be conducted to increase awareness among women about the multiple benefits of proper management of forest resources;

(vi) Encouraging cooperative agricultural, cottage and rural industry programmes, consumer stores and savings programmes;

(vii) Increasing the participation of women in the industrial sector through provision of skill-oriented training, raw materials and industrial management training and easy and subsidized credit to women;

(viii) Extending programmes such as production credit to rural women;

(ix) Promoting greater involvement of women in government and in the non-governmental service sector;

(x) Providing institutional support and financial assistance to ensure management by women and providing entrepreneurship training;

(xi) Promoting the activities of women's organisations and others directly involved in the welfare and protection of women;

(xii) Taking steps to amend laws and acts that hinder women's development. Legal services and training will be extended to provide legal information to rural women;

(xiii) Encouraging women's participation in the formulation and implementation of rural infrastructure programmes in irrigation, drinking water and road construction. Women's participation in users' committees will be made compulsory;

(xiv) Extending time-saving technologies in the collection of firewood, fodder and water and other domestic activities to the rural sector.

(xv) Promoting meaningful participation of women in development programmes through the establishment of appropriate organizational structures for coordination and monitoring activities. The Planning Commission will issue guidelines to the ministries for formulating sector-wide programmes for women's development.

81. The Government of Pakistan has adopted the following measures:

(a) Trained birth attendants and midwives have been introduced in rural areas. The Government expects to recruit 30,000 female health workers, one for each village. A package of incentives is being prepared to induce medical practitioners to serve in rural areas;

(b) Since 1985, Pakistan has directed resources, based on population, to rural areas. Social Action Programmes and Peoples Works Programmes provide health care, education and drinking water to the rural population;

(c) In September 1994, the Government intends to introduce a law on compulsory education for children between 5 and 10 years of age. The Government is also recruiting teachers to serve in the rural areas;

(d) Women judges and police are being appointed to handle cases of violence against women;

(e) Union Councils are being replaced by the Panchayat system under which a percentage of seats will be reserved for women.

82. The Republic of Korea has taken the following measures:

(a) A series of seminars, lectures and discussions has been held on various legislation, including the Equal Employment Opportunity Act and the revised Family Law. Pamphlets are also being published on the national and international legal systems in order to enhance women's awareness of laws related to women;

(b) A number of studies carried out in 1985, 1986 and 1988 to review the curricula, textbooks and other teaching material had revealed the practice of gender discrimination. To correct this situation, the Government has adopted a policy to remove gender discrimination from the educational system, including career guidance, as part of the Sixth Five-Year Economic and Social Development Plan (1987-1991). The Government has ordered the revision of discriminatory depiction of gender roles in textbooks and has integrated industrial skills and home economics courses into a single mandatory course for both boys and girls. The Government has also distributed a booklet entitled "Guidelines for Career Guidance of Middle School Girls" in order to eliminate discrimination in career guidance for girls;

(c) The Government has formulated "Comprehensive Measures to Root Out Sexual Violence" and directed the various ministries to undertake pertinent activities. Major activities under way are:

(i) Gender-sensitive education at the elementary, middle and high school levels (Ministry of Education);

(ii) The establishment and operation of temporary shelters for female victims of sexual violence (Ministry of Health and Social Affairs);

(iii) The establishment of counselling centres for female workers victims of sexual violence at business/industrial establishments with 100 or more women employees (Ministry of Labour);

(iv) Strengthening regulations covering the mass media to prohibit inclusion of sexually provocative and/or violent contents (Ministry of Culture and Sports);

(v) Expanding the number of counselling units within the public security infrastructure to provide legal aid to women (Police Bureau);

(vi) support to women's organizations for their activities to root out sexual violence (Ministry of Political Affairs);

(d) In 1992, the Government began formulating a special law to prevent sexual violence and, in January 1994, the Law for Punishing Sexual Offenders and Protecting Victims of Sexual Assault passed the legislature. The law recognizes the duty of the State to prevent violent sexual crimes and to protect the victims of such crimes. It specifically requires the establishment of counselling centres and shelters for the victims of sexual violence, as well as the establishment of institutional mechanisms to protect such victims in the process of criminal investigation;

(e) Based on the recognition that sexual violence is a social issue, the Government has introduced measures for establishing residential facilities and providing counselling to women subjected to sexual assaults and/or violence to assist in their physical and psychological recovery. In 1992, two such facilities were established and began operation under public auspices. In addition, there are five "rest havens" and 15 separate counselling centres established and managed by non-governmental organizations;

(f) To encourage the reporting of incidents of sexual and other violence against women to law enforcement authorities, 154 counselling centres within city, provincial and local police agencies were established throughout the country. These centres are staffed with women police officers.

83. The Government of Singapore has adopted the following measures:

(a) The Constitution of Singapore recognizes the basic right of equality between both sexes;

(b) In 1961, the Women's Charter was introduced, providing the legal basis for equality between the sexes and safeguarding the position of women;

(c) The Employment Act provided for equal treatment of women in the work-force as well as provisions to safeguard the interests of women. The Civil Service, by adopting the principle of equal pay for male and female workers, set the pace for the private sector;

(d) Cognizant of the multiple roles women have to undertake, the Government has implemented a number of measures to enable women to work, including:

(i) A child care centre programme to promote the development of such centres across the island and to make such facilities easily accessible to those who need them. Fees are subsidized to make them more affordable;

(ii) Providing maternity leave for Civil Service employees of up to 56 days for the first and second child, a grant of non-paid leave from the time of birth up to four years with no loss of status for the women when they return to work, and part-time employment for full-time married employees. Other benefits include full-pay leave of five days per year for female officers to look after sick children below 6 years of age;

(e) The Government has introduced a comprehensive preventive health care programme. Every child goes through an immunization programme. School children are subjected to medical examinations at regular intervals. Maternal and child health clinics and school health services provide an extensive range of preventive and primary health care to safeguard the health of the child and mother. In April 1992, the Government launched a National Healthy Lifestyle Programme which emphasized individual responsibility for healthy living;

(f) The Government provides free education for all children of Singapore citizens. School fees for secondary education are highly subsidized. Various bursaries, scholarships and school assistance schemes have been made available to assist children to pursue their education;

(g) The Children and Young Persons Act introduced in 1949 and repealed and re-enacted with amendments in 1993 provides for the protection and welfare of children and young persons up to the age of 16 years. The Act spells out offences against children such as child abuse, exploitation, begging and use of children for illegal activities;

(h) The Penal Code and the Women's Charter offer women and girls protection against domestic violence and sexual abuse. Since the extent and nature of the problem are often difficult to measure, the Government focuses on strategies to prevent such offences through protection, counselling and public education. Public education programmes are being stepped up to educate the public on the effects of such violence on the well-being of the family and the repercussions on the children;

(i) To address the growing problem of single parent families resulting from divorce, the Government has developed a range of services. At the preventive level, premarital and marriage education programmes have been made available to couples. In cases where marriages have failed, remedial help is being made available to buffer the trauma and to provide practical assistance.

84. The Government of Sri Lanka has adopted the following measures:

(a) The Government of Sri Lanka has implemented non-discriminatory welfare policies and has provided free education and free health services to both men and women;

(b) In 1993, the Government approved the Women's Charter for Sri Lanka which spells out the total range of women's rights that need to be ensured for the advancement of women. The Charter contains specific sections dealing with the woman's right to health care and nutrition, to protection from social discrimination and to protection from gender-based violence;

(c) In 1991, the Government prepared a Charter on the Rights of the Child based on internationally accepted standards. Among the rights recognized by the Charter are the right to the enjoyment of the highest attainable standard of health and other facilities for the treatment of illness; the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development; the right to universal and equal access to education; the right to leisure; protection from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education; protection from sexual exploitation as well as from sale and abduction. The Charter provides for a number of measures to be taken by the Government, including:

(i) Ensuring the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(ii) Applying readily available technology and the provision of adequate nutritious food and clean drinking water to combat disease and malnutrition;

(iii) Ensuring appropriate prenatal care for mothers;

(iv) Ensuring that all segments of society, in particular parents and children, are provided with the basic knowledge of child care and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents;

(v) Developing preventive health-care services, guidance for parents and family planning education and services;

(vi) Providing free primary education and ensuring that every child has access to this benefit;

(vii) Encouraging the development of different forms of secondary education, including general and vocational education, making them available and accessible to every child, and taking appropriate measures such as the introduction of free education and offering financial assistance in case of need;

(viii) Providing for higher education and making it accessible to all on the basis of ability;

(ix) Making educational and vocational information and guidance available and accessible to every child;

(x) Taking appropriate measures to encourage regular attendance at schools and the reduction of drop-out rates;

(xi) Promoting and encouraging international cooperation on matters relating to education, in particular to contribute to the elimination of ignorance and illiteracy throughout the country and facilitate access to scientific and technical knowledge and modern teaching methods;

(xii) Adopting appropriate legislative, administrative, social and educational measures to ensure the protection of children from economic exploitation;

(xiii) Adopting measures to protect the child from all forms of sexual exploitation and sexual abuse;

(xiv) Adopting appropriate national, bilateral and multilateral measures to prevent the abduction or sale of children for any purpose or in any form.

85. The Government of Thailand has adopted the following measures:

(a) The Government has introduced compulsory education for children in the age group 6-9 years;

(b) The Government intends to improve the social security system;

(c) The Ministry of Health has a programme to train all traditional birth attendants in Thailand.

B. Measures taken at non-governmental level

86. The International Federation of Red Cross and Red Crescent Societies addresses some of the issues relating to harmful traditional practices through several activities grouped under the following interrelated goals:

(a) Enhanced respect for human dignity and humanitarian values;

(b) Improved ability to cope with crisis;

(c) Strengthened capacity of vulnerable people in their daily lives.

87. The Socialist International Women, which submitted a written statement to the seminar, has called upon its member organizations to:

(a) Offer information and education concerning the negative and often fatal consequences of sexual mutilation of women;

(b) Organize help-lines for women victims of violence and to demand the establishment of properly and securely funded women's shelters and refuges and psychological support for women and their children;

(c) Organize protest campaigns against violence in the media, particularly when it is directed against women, both in programmes and in advertising and against the portrayal of women as traditional stereotypes by the media. It has recommended to make these protests effective by declaring a consumer boycott of products of companies that use offensive advertisements;

(d) Reinforce the rights of women and their participation in society at all levels as a condition sine qua non for eliminating structural violence;

(e) Encourage other non-governmental organizations and social scientists to study violence in society and its causes;

(f) Ask Governments to include in their budgets funding that will provide counsellors and educators to deal with both victims and perpetrators of violence; to prepare action plans to raise awareness among men on the issue; and to organize gender-sensitive training programmes to encourage men to question themselves.

88. The Third World Movement against the Exploitation of Women, in response to the sexual exploitation of women, initiated in 1981 synchronized demonstrations in the South-East Asian capitals. In the Philippines, the Movement provides services for women in distressed situations. It enters into partnership with prostitutes, mail-order and holiday brides, migrant workers and other exploited women. It undertakes projects to meet the economic, educational, physical, spiritual, psycho-social and cultural needs of these women. It has established a number of "drop-in" centres with the objectives of providing a venue for counselling and reflection towards an alternative lifestyle and livelihood; resources and information on where to go and whom to approach for scholarships, skills training and job placement; immediate referral to a home for residential care; and a venue for networking and linkages with people within and outside the country who wish to support women in need. It has established a "growth home" with the objectives of removing women from distressing situations and placing them in an atmosphere conducive to learning; utilizing their experiences for self-growth and community building; providing the necessary professional services for special problems; giving opportunities to earn while in training; and making the home a stepping-stone to an alternative lifestyle and livelihood. It has established a "transition home" to provide a hostel for those in new jobs; to set up income-generating projects for those who find it hard to seek employment; and to give guidance and support as the women launch into new ventures and test out a new lifestyle on their own.

V. CONCLUSIONS AND RECOMMENDATIONS

89. The three main topics are interrelated and during the course of the debate the participants addressed them together. Traditional practices like son preference, neglect of the girl child, early marriage and violence against women ultimately reflected the low valuation of female life and the low status accorded to women. The inferior status accorded to girls and women was perpetuated through discrimination in access to education, health care, the means of production and employment opportunities and, thereby, to economic and political power. If harmful traditional practices are to be eliminated, it is the inferior status accorded to women and girls that must be addressed.

90. At the end of the debate on each agenda item, the participants made several recommendations which were incorporated by the drafting committee in the draft Plan of Action. The draft Plan of Action was debated upon and adopted by the seminar at its 6th meeting, on 8 July 1994, and is contained in the addendum to this document.

Expression of thanks

91. At the conclusion of the second United Nations Regional Seminar on Traditional Practices affecting the Health of Women and Children, the participants took the opportunity to express their sincere thanks to the Government of Sri Lanka for its willingness and cooperation in hosting a seminar on such a serious issue which negatively affected the status of millions of women and girl children. The participants expressed their gratitude to the Government of Sri Lanka for the warm hospitality extended to them.

Annex I

LIST OF PARTICIPANTS

A. Experts

Prof. Usha Nayar	Professor and Head Department of Women's Studies National Council of Educational Research and Training New Delhi, India
Mrs. Berhane Ras-Work	President, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa
Mrs. Halima Embarek Warzazi	Special Rapporteur on traditional practices, United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities

B. Participants and alternates designated by Governments

Bangladesh	Mrs. Salma Khan Director-General Bangladesh Management Development Centre
	Mr. Mostafizur Rahman (alternate)
China	Ms. Xianying Meng First Secretary Ministry of Foreign Affairs
India	Mr. Rajesh Kishore Director (Women's Development) Department of Women and Child Development Ministry of Human Resource Development
	Mr. R.K. Tyagi (alternate)
Indonesia	Ms. Wibisana Widyastuti Director of Community Participation Ministry of Health
Iran (Islamic Republic of)	Mr. M.A. Mottaghi-Nejad Deputy Director Department of Human Rights and International Social Affairs Ministry for Foreign Affairs

Iraq	Miss Jwan Hassan Tawfiq Third Secretary Human Rights Department Ministry for Foreign Affairs
Japan	Ms. Yukiko Oda Senior Researcher Kitakyushu Forum on Asian Women
Malaysia	Mrs. H.S. binti Abdul Rahman Director, Selangor State Welfare Selangor State Welfare Department
	Mrs. Siti M.B. Abdul (alternate)
Myanmar	Mrs. Yi Yi Myint Principal Officer Ministry of Social Welfare, Relief and Resettlement
Nepal	Mr. Laxman Prasad Mainali Legal Officer, Population Division National Planning Commission
Pakistan	Mr. M. Khalil Bhatti Secretary, Health Department Punjab
Philippines	Ms. Eleanor Ponce Carlos Health physicist Philippine Commission on Human Rights
Republic of Korea	Ms. Ji Ah Paik Second Secretary Permanent Mission of the Republic of Korea to the United Nations in New Yo
Singapore	Mrs. Indra Chelliah Deputy Director Ministry of Community Development
Sri Lanka	Mrs. Manori Muttettuwegama Barrister, Attorney at Law Human Rights activist
	Mrs. Lalitha Dissanayake State Secretary for Women's Affairs

	Alternates
	Mrs. Sriani Basnayake
	Mrs. Indrani Sugathadasa
	Mrs. Lalani Rajapakse
	Mrs. Carmini Alahakoon
	Mrs. Sivanandini Duraiswamy
Thailand	Ms. Pensri Phijaisanit Head of the Department of Maternal and Child Health Mahidol University

C. United Nations bodies

United Nations Children's Fund	Mr. Bala Gopal
United Nations Development Programme	Mr. J.K. Robert England
United Nations International Research and Training Institute for the Advancement of Women	Ms. Priyani Soysa
United Nations Population Fund	Ms. Vineeta Rai

D. Non-governmental organizations

Category I

International Alliance of Women	Miss Chandra de Soysa
International Federation of Red Cross and Red Crescent Societies	Ms. Seija Tornqvist
Soroptimist International	Mrs. Padmini Samarasinghe

Category II

All Pakistan Women's Association	Ms. Charmain Hidayatullah
Defence for Children International	Mr. C.V. Rajapaksa Mr. Ananda Seneviratne
International Abolitionist Federation	Ms. Savithri Fernando
International Commission of Jurists	Ms. Ramani Muttetuwegama
Law Association for Asia and the Pacific (LAWASIA)	Mr. Carlos Medina, Jr.
Medical Women's International Association	Ms. Sompong Raksasook

Women's International League for Peace and Freedom	Ms. Manel Tiranagama Ms. Pathma N. Sivaram Ms. Indra Nilaweera
Commission of the Churches on International Affairs of the World Council of Churches	Mrs. Priyanka Mendis
World Federation of Methodist Women	Ms. Darshini Gunasekera

Roster

Asian Cultural Forum on Development	Ms. Monica Ruwanpathirana Ms. Padmini Weerasuriya
International Council of Nurses	Mrs. K.A.D.C.P. Wijenayake
Third World Movement against the Exploitation of Women	Ms. V. Walker-Leigh

Observers nominated by the Government of Sri Lanka

Mrs. Malini de Silva
Mrs. N.C. de Costa
Mrs. Indira Hettiarachchi
Mrs. Yoga Balachandran
Mrs. Chintha Akuratiyagama
Mr. Hiran Gunasekera
Mrs. Badriya Bawa
Mr. I. Ansar
Miss Manel Chandrasekera
Mrs. Jayanthi Liyanage
Ms. Kamala Munagamage

Annex II

KEYNOTE ADDRESS BY THE HONOURABLE MINISTER OF HEALTH AND WOMEN'S AFFAIRS

Mr. Chairman,
Representative and staff of the United Nations,
Representatives of the government institutions,
Members of non-governmental organizations,
Members of the National Women's Committee,
Distinguished Delegates from the Asian Region,
Ladies and gentlemen,

At the outset I would like to extend very warm greetings from the President and the people of Sri Lanka to all the foreign delegates present here today, and wish you a pleasant stay in Colombo. On behalf of the Government of the Democratic Socialist Republic of Sri Lanka I congratulate the United Nations Centre for Human Rights in Geneva for the initiatives taken to organize this Regional Seminar on Traditional Practices Affecting the Health of Women and Children.

The Government of Sri Lanka is particularly pleased to be able to host this seminar at a time when the significance of ensuring women's rights is being emphasized throughout the world and when we are making preparations for the Fourth World Conference on Women to be held in Beijing next year.

This seminar being inaugurated today appears to be unique, as it is addressing concurrently issues concerning health and human rights in the context of traditional practices that affect the women and children of the Asian region. It is a pleasant coincidence that the subject-matter of this seminar is directly relevant to my ministerial responsibilities of Health and Women's Affairs.

As we are all aware, the Asian communities are well known for the strong adherence to their cultural identities. The socio-cultural traditions and practices are rooted in these cultures. It is the same cultural diversity which adds to the richness of Asia. At the same time the rigidity of socio-cultural affiliations could offer resistance to modernizing influences and technological changes.

In this part of the world it is not unusual to find social expectations that require the women to preserve, sustain and strictly adhere to the age-old traditions even if the practices prevent the full enjoyment of human rights and fundamental freedoms and retard the advancement of women. In comparison, the men in these societies are relatively free of such social prescriptions and pressures. Most Asian countries uphold patriarchal social norms which promote male domination, while related traditional practices reinforce the subordinate position of women.

Therefore, it is most appropriate that a special coordinated effort is being made under the auspices of the United Nations Centre for Human Rights to examine in detail and evaluate the implications of harmful practices that continue to be discriminatory against women.

Most traditional practices are based on strong beliefs and the standards set by each community for its own identity and survival. Therefore, when evaluating traditional practices that prevail, one has to appreciate that age-old traditions passed down through generations are dear to those specific communities. These are upheld with reverence by both men and women in those societies. Women have been accepting without question even those practices which are harmful, disadvantageous or discriminatory towards them. It is often the men and the older generation of women who insist on the continuation of rigorous practices which restrain, seclude or place a multitude of prohibitions before women, in the guise of protecting and preserving the "purity" of women. The imposition of restrictive practices on women is often based on the premise that women are not independent human beings but are subordinate persons who have to be kept in the custody of their elders or their husbands. Therefore, we have to accept the need to break through such social concepts slowly but steadily.

Any attempt to change such practices should necessarily be preceded by mass changes of social attitudes and norms. Women and men should become widely conversant with the human rights standards and be able to evaluate and assess the harmful implications of their own traditional practices. Members of these same communities should be able to recognize the violations of human rights and take the initiative to protest against such practices. Outside agencies should facilitate understanding of the human rights implications of traditional practices, rather than enforcing standards alien to such cultures. Mass education and awareness programmes to sensitize both men and women of such communities on the subject would require long-term efforts.

We should also acknowledge that there are traditional practices which are favourable towards the health of women and children. Therefore, one should not throw out the baby with the bathwater. All efforts should be taken to document the favourable practices and promote the continuation of such practices even if they may not appear to be modern or fashionable. Breast-feeding and "rooming in" after childbirth were two such favourable traditional practices which had been given up by so-called "modern mothers". These same practices are now being promoted back into vogue by health authorities all over.

When we speak about the health of women we cannot restrict our considerations to physical health alone, as emotional well-being is equally important. This is so not only with regard to the health status of women but also the health and well-being of the children who grow up in their care. While gender-based violence has a strong bearing on the mental health and the emotional well-being of women, its indirect effects on the health of children and the future generation cannot be underestimated.

Viewing strictly from the point of view of eliminating all forms of discrimination against women, the weeding-out of practices that are harmful to women should not be confined only to traditional practices but be extended to include harmful practices of modern origin as well. Drug addiction could be cited as an example.

Speaking about Sri Lanka, our women are generally accepted to be more advantageously placed compared to some of their sisters in other Asian countries. However, this should not be overemphasized as there is much to be done for the full advancement of our women in terms of the total range of women's rights.

Yet, I cannot desist from stating some of the positive gains made by Sri Lanka in the fields of education and health of women. For many decades, the non-discriminatory welfare policies of the Government have provided free education and free health services to both men and women. This has resulted in the rapid narrowing down of the gender differentials with regard to the educational and health status of our population.

The female literacy rate, which was 8.5 per cent at the turn of this century, had advanced to 83.2 per cent by 1981 as against the corresponding male literacy rate of 91.1 per cent. The school enrolment ratio for girls and boys of the age group 5 to 14 was 87 per cent in 1991 and has become equal. The share of females in the total population has been increasing steadily and was 49.4 per cent in 1991. Female life expectancy has surpassed that of the males and stood at 72.1 years in 1981. Family planning is practised by 62 per cent of married women in Sri Lanka. These facts and figures speak for the de facto realization of equality between men and women in many vital areas.

As regards adherence to international standards I am proud to announce that Sri Lanka has already translated the principles of the United Nations Convention on the Elimination of All Forms of Discrimination against Women into a specific Women's Charter for Sri Lanka. This Women's Charter, approved by our Government last year, spells out the total range of women's rights that need to be ensured for the advancement of women in Sri Lanka. It is sufficient proof of the level of consciousness and the commitment of the Sri Lankan Government towards the rights of women. The sections of this Charter dealing with women's right to health care and nutrition, women's right to protection from social discrimination and women's right to protection from gender-based violence would be of particular interest to the subject-matter of this seminar. Therefore, I recommend the use of Sri Lanka Women's Charter as a reference document during your deliberations over the next five days.

In 1991 Sri Lanka also took the lead to prepare a special Sri Lanka Charter on the Rights of the Children based on the internationally accepted standards.

Ladies and gentlemen, you will have no doubt now as to the suitability of Sri Lanka to be host to this regional seminar.

In conclusion, I wish to state that I consider it a pleasure to have had this opportunity to address this distinguished gathering of persons interested in women, health and human rights. I would like to take this opportunity to re-emphasized the strong commitment of the Government of Sri Lanka towards all these areas of concern and my own commitment towards the advancement of women and health.

Let me wish you all the very best in your own endeavours. My good wishes to the United Nations organizers and to participants in this seminar for very successful sessions and productive conclusions.

On behalf of the Government of Sri Lanka and the Ministry of Health and Women's Affairs I thank you all for your presence here today.

Finally, it is my pleasant duty now to formally declare open the second United Nations Regional Seminar on Traditional Practices Affecting the Health of Women and Children.

ANNEX III

STATEMENT OF MR. HAMID GAHAM

REPRESENTATIVE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS AND THE ASSISTANT-SECRETARY GENERAL FOR HUMAN RIGHTS

Honourable Minister, distinguished participants, ladies and gentlemen,

This is the second regional seminar organized by the United Nations on the issue, following a first one held in Burkina Faso in 1991. Sri Lanka is the first Asian country to host a seminar organized by the Centre for Human Rights on traditional practices.

The cooperation and willingness demonstrated by the Government of Sri Lanka in hosting such a seminar in the Asian region is in the historical tradition of the country to promote the rights and well-being of women in society. Sri Lanka has made much progress in the emancipation of women and is widely known for its women leaders who have also played a significant role on the world stage. It is, indeed, fitting that the recently appointed United Nations Special Rapporteur on violence against women, Miss Radhika Coomaraswamy, should come from Sri Lanka.

The United Nations has for a long time concerned itself with the need to define specific rights to protect the most vulnerable groups in society, among them, women and children. On a number of occasions, the international community has expressed its concern about the especially dramatic economic and social conditions of millions of women in the third world countries. In a number of countries, women are subject to various forms of discrimination. Studies have shown that, socially and economically, the status of women is often inferior to that of men.

According to the draft platform for action being prepared for the Fourth World Conference on Women, and which has been made available to the seminar, the heavy burdens of poverty generally fall in a disproportionate manner on women because they are less likely to have sufficient access to the economic and other resources necessary to improve their lives. The number of rural women living in absolute poverty is increasing at a faster rate than for men and the proportion of women among the poor is growing in all societies.

Women are major contributors to national economies. And yet, because of the inferior status accorded to women by society, there has been a general failure to recognize the important contribution made by them to social and economic life.

The fundamental rights of women are provided for in a number of international instruments and incorporated in various declarations. These include the Convention on the Elimination of All Forms of Discrimination against Women, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Declaration on the Right to Development, as well as several conventions of the International Labour Organisation.

The question of traditional practices affecting the health of women and children, particularly female genital mutilation, was examined for the first time in 1952 by the Commission on Human Rights. Since then, the Commission has expressed the opinion that such interventions, based on custom and practised on women and young girls in certain regions of the world, are not only dangerous for their health, but also constitute a serious attack on the dignity of women.

In 1984, in response to a concerted international campaign to abolish the painful and dangerous practice of female genital mutilation, the Sub-Commission on the Prevention of Discrimination and Protection of Minorities decided to undertake a study on the multiple aspects of traditional practices affecting the health of women and children. A working group was established by the Sub-Commission to carry out this study and submitted a study to the Commission on Human Rights in 1986.

In 1990, the Commission on Human Rights approved a Sub-Commission resolution to hold regional seminars on the subject in Africa and Asia. The objective of the African regional seminar, which was held in Burkina Faso in 1991, was to assess the human rights implications of certain traditional practices such as female genital mutilation, son preference, as well as traditional birth practices. It was also intended to reflect on the measures that need to be undertaken in order to eradicate such practices. The seminar recommended a number of measures that could be taken by national authorities and by the various international and non-governmental organizations concerned. (Copies of the report of this seminar have been made available to this seminar for its deliberations.)

The present seminar will have on its agenda preference for the male child and its implications for the status of the girl child, traditional practices related to marriage and violence against women. The results of this seminar along with those of the previous one will allow us, during these 5 days, to elaborate a programme of action which Mrs. Warzazi, the Special Rapporteur of the Sub-Commission, will have to submit to that organ next month. May I, therefore, request all of you here to begin already to reflect on the proposals that need to be formulated for this purpose. The seminar could envisage establishing, for instance, a drafting group to assist in elaborating such a plan of action.

A principal form of discrimination against women is the preference accorded to the boy child to the detriment of the girl child. The preference given to the boy child, and engrained in many societies, leads to the neglect and exploitation of the girl child. This inferior status accorded to the girl already in childhood is reflected at every stage of her life cycle with implications for her civil, social, cultural, economic and political status. Social and cultural attitudes combine to ensure that both within the family and the society, the girl child is offered fewer advantages than her brother.

At the first regional seminar, it was found that the primary consequence of this practice is psychological. The neglect and discrimination faced by the girl child ultimately lead to low self-esteem and a lack of confidence in herself. In societies where there is a strong preference for boys, women seek to produce a son at all costs in order to raise their social status. Anxious

for a male child, they are led into repeated pregnancies which harm their health and sometimes endanger their lives. The World Health Organization has pointed out that son preference seriously affects the health, morbidity and mortality of girls and women in developing countries in general.

Surveys in several Asian countries have shown that when sexual discrimination is reflected within the family by discrimination in the way food is shared, it results in greater malnutrition among girls and reduces their resistance to disease. The World Health Organization has also found from a number of studies in Asia and North Africa that girls receive less care than boys when they are ill. Thus, the parents are more likely to take boys to hospital than girls, which means a higher death rate among girls.

The practice of son preference also has negative implications for equal access to education and training (both of which are keys to development) for the girl child and women. The draft platform for action points out that although, in most regions of the world, girls and boys now have the same access to primary and secondary education, almost a billion people, two-thirds of them women, are still illiterate. In fact, educational opportunities offered to girls and women have often contributed to reinforcing traditional female roles, denying them full partnership in society.

The lack of education, the denial of access to employment and to economic resources are among the factors cited by the first regional seminar for the perpetuation of son preference even today. All these also reinforce the valuation of girls as only objects for marriage, thus perpetuating the traditional practice of early marriage and dowry.

As demonstrated by a number of studies traditional practices form an integral part of the culture of those who practise them. Often, women themselves - because of a lack of self-esteem, education and awareness - perpetuate these traditional values by passing them on to their children, particularly to the girl child.

Honourable Minister, distinguished participants, ladies and gentlemen,

The cultural and social dimensions are, therefore, closely interlinked with the economic dimension. While such social and cultural practices have negative implications for equality of opportunity and access by women to economic life, economic policies themselves - when they fail to address the social and cultural dimensions of the development process - tend to reinforce socially and culturally engrained discriminatory practices against women. In fact, it has been argued that the inferior status accorded to the girl child and to women is ultimately rooted in the economic factor. The Special Rapporteur on traditional practices, Mrs. Warzazi, attributed the existence of the practice of son preference to the patriarchal system which had been imposed by men, together with the introduction of private property, in order to ensure that their property went to their sons. Such an attitude, she has stated, has led to the exploitation of women under the cover of age-old traditions and customs.

Such social and cultural attitudes towards women have implications for their equal access to, and control over, basic production assets such as land, credit, marketing, labour, education, training and technology. Access to such resources are usually provided only to the "head of household" - a term that universally excludes women. In the case of land, for instance, women tend to have less secure tenure, land which is more fragmented or smaller plots. The question of land rights is important not only because it determines an individual's access to land, but because it influences access to other factors of production and resources.

The United Nations has for a long time emphasized that there can be no genuine development without the equal and meaningful participation of women in the development process, as both subjects and beneficiaries of the fruits of development. The World Conference on Human Rights in Vienna last year reiterated the importance of such participation and urged that full and equal enjoyment by women of all human rights be the priority for Governments and the United Nations. At its recent session, the Working Group on the Right to Development pointed out that continuing discrimination against women in their access to health care, education, work, property and other economic, social and cultural rights constituted a major obstacle to the implementation of the right to development.

It is becoming increasingly evident that the globalization of the economy through structural adjustment programmes is leading to the further neglect and exploitation of women by unequally affecting in a negative manner those women who are already victims of traditional practices. Recent studies demonstrate that because of the traditional role of women in society, the major burden of structural adjustment costs is being shifted to them. Poor women, in particular, are having to engage in longer hours of unpaid, low-paid, unstable and casual work, in order to ensure the health and education of their children, nurse sick family members, care for the aged, carry water and firewood and ensure food provisioning. It has also been pointed out that the lack of treatment for health problems primarily affecting women combined with lack of family-planning and other health-related services is reflected in high rates of maternal mortality, malnutrition, anaemia and too early and too frequent pregnancies.

The well-being of children is intrinsically linked to that of the mother. It is women who are primarily responsible for provisioning almost all food consumption needs in the family. Women are also responsible for child care, for nursing sick family members and the aged and for family maintenance as a whole. As a result, every small fluctuation in a woman's income and in her health status is immediately reflected in the children's well-being.

Children, due to their vulnerability, are exposed to a number of attacks on their physical and psychological integrity. The adoption of the Convention on the Rights of the Child was the culmination of efforts made by the United Nations over several decades to ensure that children also benefit from adequate protection.

It is evident that we cannot separate cultural and social factors from economic factors. In its Declaration on the Right to Development, the United Nations recognized the close interrelationship and interdependence

between cultural, social, economic and political aspects of development, and between human rights and development. The World Conference on Human Rights in Vienna stressed the importance of, among other things, eradicating any conflicts which may arise between the rights of women and the harmful effects of certain traditional or customary practices, cultural prejudices and religious extremism.

The complexity of factors that contribute to and reinforce traditional practices should not prevent us from seeking economic and social means to eliminate them. Its eradication requires the adoption of a global and multidimensional approach. The United Nations has, on various occasions, called upon States to implement effective measures to ensure that women have an active role in the development process, and to carry out appropriate economic and social reforms in an integrated manner to eradicate all social injustices. Such an approach not only requires that specific measures be undertaken to directly address traditional practices that affect the health of women and children. It also requires that social objectives be incorporated into macroeconomic policies with specific, quantifiable and qualitative social goals aimed at improving the economic and social status of women. Mrs. Warzazi, the Special Rapporteur on the issue under consideration at this seminar, has pointed out that the way to eliminate discriminatory practices against women is to educate women better and improve their economic status, particularly through access to employment.

The Commission on Human Rights has noted that certain Governments have made efforts to abolish harmful traditional practices, and has expressed the hope that they will continue their efforts and reinforce them until they are completely eliminated. Following the first regional seminar on traditional practices in Burkina Faso, the Government of Burkina Faso elaborated a national plan of action for measures to be taken with a view to eliminating such practices. Copies of this document have been made available to you.

The Vienna Conference also called for the adoption, within the United Nations system, of an integrated approach to the question of the rights of women. It urged that the equal status of women and the human rights of women be integrated into the mainstream of United Nations system-wide activity. In this regard, it called for steps to be taken to increase cooperation and promote further integration of objectives and goals between the Commission on the Status of Women, the Commission on Human Rights, the Committee for the Elimination of Discrimination against Women, the United Nations Development Fund for Women, the United Nations Development Programme and other United Nations bodies.

As a follow-up to the Vienna Declaration and Programme of Action, a focal point on women was established within the Centre for Human Rights this year in Geneva. The Centre for Human Rights has also taken steps to begin a dialogue with the international financial institutions on the impact of their policies on economic, social and cultural rights. Particular attention will be given to their impact on the rights of women.

Another significant step towards effectively addressing the question of women's rights within the United Nations is the recent appointment of a Special Rapporteur on violence against women.

The Centre will also contribute in this direction to the preparations for the World Summit on Social Development to be held in Copenhagen next year, the World Conference on Population and Development to be held in Cairo this year and the Fourth World Conference on Women to be held in Beijing also next year.

Honourable Minister, ladies and gentlemen,

It is hoped that the Plan of Action, which I mentioned earlier, for the elimination of such practices, which will be completed during the course of this seminar, will cover activities at the national, regional and international levels.

May this resplendent island bring us the inspiration we need to fully realise our objectives!

I thank you for your kind attention.